

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED JUN 10 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 629

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
310 South 9th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days) 50 years

3. (a) PRINT FULL NAME Charles Fisher

3. (b) If veteran, name war no

3. (c) Social Security No. 500-09-6013

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Lillie

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June 5, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	11	19	hr. min.

9. Birthplace Spickard, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name George W. Fisher

13. Birthplace Wapello County, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Rears
(City, town, or county) (State or foreign country)

15. Birthplace Grundy County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn D. Fisher

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

(d) Signature of funeral director Barry Funeral Home

18. (a) Address St. Joseph, Mo.

19. (a) June 5, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 310 South 9th St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Friday May 5, 1946 to May 24, 1946
that I last saw him alive on May 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma
Left Lung

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations [Signature]

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature Malvella Day (M. D. or other)

Address 218 N 7th Date signed 5-27-46

Duration unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4212

P. O. Address..... St Joseph mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.